

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43201

State File No.

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11441**

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY 2239	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Flower Retreat House		e. STREET ADDRESS (If rural, give location) 2500 So. Eighteenth St.	
3. NAME OF DECEASED a. (First) Anna		b. (Middle) ---	
c. (Last) Mungenast		4. DATE OF DEATH Dec. 23, 1951.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 18, 1873
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (State or foreign country) Maxville, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frank Schweitzer		13b. MOTHER'S MAIDEN NAME Margaret Bollman	
14. NAME OF HUSBAND OR WIFE Joseph Mungenast		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Kuettner ADDRESS 6631 Winona Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Jan 15, 1951 to Dec 23, 1951 , that I last saw the deceased alive on Dec 23, 1951 , and that death occurred at 3:30 A. m. , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? 4221	
23a. SIGNATURE (Degree or title) Paul M. Smith D. M. S.		23b. ADDRESS 4145 So. Grand	
23c. DATE SIGNED 12/24/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 26, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary ADDRESS 2842 Meramec St.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Laron C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.